



MRC Activation in Support of ARC Disaster Operations Fax Cover Sheet

From: NAME - MRC UNIT - Fax #: Telephone #: Email Address:	To: MRC Liaison Fax #: 1 (800) 967-4314 or (202) 303-0233 Tel #: (202) 303-5644
Number of pages, including cover:	

Dear MRC volunteer:

Thank you for your interest in providing support for the Hurricane Katrina relief efforts. To minimize the time between receipt of your application and your deployment, please be sure that the following five (5) forms are returned. **Note: all forms must be fully complete in order for your application to be processed.**

- MRC/ARC Fax cover sheet (this form)
- DSHR System Enrollment Application
- Pre-Assignment Health Questionnaire
- American Red Cross Personal Statement
- Personal Statement of Understanding

Please indicate what your earliest travel date/availability is: _____

To ensure that local needs are met first, your MRC unit leader should approve your activation for this assignment. Please have your local MRC leader complete the following information to indicate that the local MRC concurrence has been obtained.

MRC Unit: _____
MRC Unit Leader Name: _____
MRC Unit Leader Email Address: _____

Please fax completed application forms to **1 (800) 967-4314** or (202) 303-0233. If you need help completing the application packet, please call the MRC liaison in the ARC Disaster Operations Center at (202) 303-5644. Additional information will be provided to you following receipt of application.

FOR USE BY MRC-ARC LIAISON:

Deployment approved: _____
Deployment location: _____

Briefing provided: _____
Start: _____ End: _____



DSHR System Enrollment Application

All information provided to the American Red Cross in this application is treated and maintained in a secure manner.

PLEASE PRINT

New Application

Revised Application (Complete only sections requiring change)

Legal, Proper Name (last, first, middle initial):			
Preferred Name:		Social Security Number:	
Address (street mailing)			Date of Birth:
City:	State:	Zip Code:	Occupation:
Email Address:		Home Phone:	
Work Phone incl. area code:		Cell Phone incl. area code:	
Red Cross Personnel Category:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Chapter Employee	<input type="checkbox"/> National Employee
If Red Cross Employee:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt (attach a completed form 6494A)	ATLAS ID#
Passport Expiration Date:		Country of Issuance:	
Driver's License Number:		State:	Driver's License Classification:

Other License(s)/Certificate(s):

Type:	License/Certification Number:	State:	Expiration Date:

Language(s) - list other than English and proficiency rating (R=Read Only, S=Speak Only, F=Fluent)

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Group Affiliation

American Southern Baptist Mission Board
 Church of Brethren
 Labor Union _____ Affiliation
 USPHS
 NCCC
 NPRC
 AmeriCorps
 Learn and Serve
 Senior Corps
 Current Group Affiliation
 Past Group Affiliation
Year _____

RED CROSS TRAINING

Complete information as thoroughly as possible. *Introduction to Disaster Services*, CPR and a First Aid certificate are required for all DSHR System members. Indicate MO/DA/YR in which a course was most recently completed.

LIFE EXPERIENCE INFORMATION

(Note any skills, knowledge, non-Red Cross training, management, supervisor and life experiences that assist in meeting competency criteria as listed in the Competency Criteria. Add additional pages as needed.)

COURSE NAME	Month/Day/Year
1. <i>Introduction to Disaster Services</i>	
2. First Aid	
3. CPR	
4.	
5.	
6.	

DISASTER RELIEF OPERATION HISTORY

(Complete with information regarding any disaster assignments on which you have served and which will substantiate your disaster history, particularly for your Group and Activity preferences. Refer to your unit Disaster Services representative to clarify DR numbers, operation names, and positions in which you served. Write LOCAL if no DR# was assigned.

DISASTER OPERATION GROUP AND ACTIVITY PREFERENCE

Discuss with your unit's Disaster Services representative the Disaster Operation activities which you meet the competency criteria. Complete in order of preference. Use as listed in the Competency Criteria.

DR # Received	Operation Name	MO/DA/YR	Position	# Days	Evaluation	Group	Activity	Position
						1.		
						2.		
						3.		

RED CROSS UNIT/CHAPTER AFFILIATION

Complete with information about your unit that will be used to recruit you for disaster operations.

Unit/Chapter Name:			Phone incl. area code:		
Address Street:			Chapter Code:		
City:		State:		Zip:	
			Service Area:		

TO BE NOTIFIED IN CASE OF EMERGENCY

Name:		Relationship:	
Address (street/ mailing):		Home Phone incl. area code:	
City:		Work Phone incl. area code:	
State:	Zip Code:	Cell Phone incl. area code:	

APPLICATIONS WITHOUT PROPER SIGNATURES CANNOT BE ACCEPTED

The Disaster Services Human Resources (DSHR) System has my permission to verify this information. I verify that I have not been convicted of a felony, or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If any of the information contained in my application is incomplete or found to be untrue, I understand that I will be removed from the DSHR System.

Signature:		Date:	
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ENDORSEMENT---UNIT OF AFFILIATION

I endorse this individual as a member of the DSHR System and verify that the individual meets the baseline criteria for membership and meets the competency criteria for the group and activities designated.

Print Name:		Title:	
Signature:		Date:	



PRE-ASSIGNMENT HEALTH QUESTIONNAIRE

Ensuring a healthy work force arrives on the disaster relief operation is a common goal of the organization. To ensure available DSHR members meet pre-assignment health conditions, recruiters at the chapter, service area and national levels (employees and volunteers) must obtain the following information *at the time the member is requested and prior to advising the Service Area DSHR Senior Associate of the DSHR member's availability to accept the assignment.* Chapters whose employees and volunteers do not obtain current and accurate information noted below may be charged for the cost of the DSHR member's round trip air fare if, after arrival to the disaster relief operation, the member is found not to be in good health and is unable to serve as recruited, which could have been determined by obtaining the information below.

Member's Name _____ DSHR # _____ Requested for DR # _____

1. Does the member have a current Health Status Record/Personal Statement of Good Health in their DSHR file?
 Yes No. If no, do not continue. Member cannot be assigned.
2. Does the member have a restriction of RM noted on their DSHR file? Yes No
3. Verify any hardship codes associated with the disaster relief operation; does the member's DSHR file include any of the hardship codes associated with this disaster relief operation? Yes No

NOTE: If 'Yes' responses were noted to Questions 2 and 3 above, **do not continue.** The member may not be recruited and assigned at this time. If no responses were noted for 2 and 3 above, continue.

Members *cannot* be recruited and assigned if **any** 'Yes' responses are obtained to the questions *below at this time.* Once you obtain *one* yes response, *do not continue* as the member cannot be recruited and assigned at this time. Members responding yes should be asked if they would like to discuss their health issues related to deployment with a Health Reviewer. If so, arrangements should be made for the member to speak with a Health Reviewer.

Note: Once a Health Reviewer determines the 'Yes' response would not hinder the member from successfully completing an assignment to this specific disaster relief operation, the member *may* be recruited and assigned. Check with your DSHR Sr. Associate at the service area.

The following statements **MUST** be read when speaking to the DSHR member, "Only provide a yes or no response to the following questions. Please do not share any specific medical information with me at this time."

- Do you currently have any sutures (stitches)? Yes No
- Do you currently have a cast, or other restricted movement support? Yes No
- Have you been hospitalized or in the emergency room within the last six (6) months? Yes No
- Have you had any symptoms of illness now or in the past three (3) days
(fever, cough, diarrhea, pain, and recurring headache, toothache)? Yes No
- Do you have any medical/laboratory tests scheduled within the next month? Yes No
- Have you begun or changed medication within the last 14 days? Yes No

Advise the member that if they failed to provide accurate information above, they may be charged for their round trip air fare if after arrival to the disaster relief operation the member is found not to be in good health and able to serve as recruited which could have been determined by providing accurate information.

If the member answered 'Yes' to any of the above, ask "Would you like to speak with a health reviewer about your deployment status?" Yes No. If 'Yes', make appropriate referral to a Health Reviewer.

Name of person obtaining information: _____ Date: _____

Retain this form in the member's medical DSHR file with the Health Service Record and/or Personal Statement of Good Health. Make available to service area DSHR Sr. Associate as requested.

With my unit, I have reviewed the requirements for DSHR System participation. I understand the physical and emotional requirements for being a disaster worker, and hereby state that I am able to fulfill them. To the best of my knowledge, my health would permit me to serve on disaster operations.

In signing below, I give permission for the ARC DSHR staff/Staff Health/Physician Consultant or designee to contact my Health Care Provider for information concerning my current health status. I understand that refusal to sign will terminate membership in the DSHR system.

If this statement is incomplete or untrue, I understand my membership may be terminated. I also understand that if my information changes I need to update this form.

Signature: _____ Date: _____
DSHR System Member

Print name: _____

**Decisions by DHS and DMHS at national headquarters are final.
Any costs incurred in obtaining health information required for DSHR System membership are the sole responsibility of the applicant/member.**

Reviewed by: _____

Title: _____

Date: _____

Restrictions Applied: _____

Name: _____

DSHR ID #: _____

I am an applicant or a member of the Disaster Services Human Resources (DSHR) System of the American Red Cross. I understand there are certain conditions I must accept as a member of the DSHR System.

1. Availability

I am available and able to serve on disaster assignments within the continental United States as well as its territories and possessions for indefinite periods depending on the needs of the disaster operation. The average assignment is approximately 3 weeks and takes place within high pressure work situations in adverse conditions such as long and irregular hours, erratic and inappropriate food, eating and sleeping conditions; extreme heat, cold or dampness; crowds, noisy environment, and exposure to dust or other allergens. I understand my assignment may be extended or curtailed in accordance with applicable Red Cross policies, procedures, and staffing requirements, determined at the discretion of Red Cross Disaster Services.

2. Work Performance

I am willing to comply with directives issued by Disaster Services. I will uphold and follow the policies of the organization. I understand that I may be released from an assignment and/or removed from the DSHR System for a violation of policy or a personnel/performance issue.

3. Reimbursement for Official Assignment Expenses

I understand that there are established policies and procedures of the Red Cross for reimbursement of expenses for food and lodging, and certain other related expenses, incurred in connection with official assignments on disaster operations. I understand that failure to comply with said regulations may result in my dismissal from the DSHR System.

4. Status

I understand that I must submit an updated form on an annual basis.

I verify that within the last year I have not been convicted of a felony or of a misdemeanor resulting in imprisonment.

I fully understand the mandatory requirements indicated above and certify that I am able to comply with them. If these statements are found to be incomplete or untrue, I understand that I will be removed from the DSHR System.

Signature: _____

Date: _____